



**Paradise Unified School District**  
**ANNUAL PARENT/GUARDIAN & STUDENT RIGHTS NOTICE**  
**2017-2018**

**FORM A**  
**2017-2018 Parent/Guardian Receipt and Acknowledgement**

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL

Pupil Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**PART I - Acknowledgement of Receipt of Annual Parent Notice – COMPLETION MANDATORY**

*I hereby acknowledge receipt of the Annual Parent Notice as required by Education Code § 48980.*

\_\_\_\_\_  
Name of parent/guardian or of pupil if age 18 or older

\_\_\_\_\_  
Signature of parent/guardian or of pupil if age 18 or older

\_\_\_\_\_  
Date

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**PART II – Request to Be Excused from Comprehensive Sexual Health Education and HOIV Prevention Education (grades 7-12) – COMPLETION OPTIONAL**

If you wish for this pupil to be excused from comprehensive sexual health education and HIV prevention education, please sign below.

\_\_\_\_\_  
Name of parent/guardian or of pupil if age 18 or older

\_\_\_\_\_  
Signature of parent/guardian or of pupil if age 18 or older

\_\_\_\_\_  
Date

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**PART III - Request to Deny Access to Directory Information - COMPLETION OPTIONAL**

If you do not wish directory information to be released regarding this pupil, please check the appropriate box(es) and sign below. Note that this will prohibit the district from providing the pupil's name and other "directory" information to the news media, interested schools, parent-teacher association, interested employers, and similar parties.

Do not release directory information regarding \_\_\_\_\_  
Pupil's Name

Do not release information to the military regarding \_\_\_\_\_  
Pupil's Name

\_\_\_\_\_  
Name of parent/guardian or of pupil if age 18 or older

\_\_\_\_\_  
Signature of parent/guardian or of pupil if age 18 or older  
(or enrolled in an institution of post-secondary instruction)

\_\_\_\_\_  
Date